2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000752

Entity Name: PLATINUM PAINTING AND PRESSURE WASHING INC.

FILED Feb 16, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
3346 STONEBRIDGE TRAIL VALRICO, FL 33594				12834 LONGCREST DRIVE RIVERVIEW, FL 33569			
Current Mailing Address:				New Mailing Address:			
3346 STONEBRIDGE TRAIL VALRICO, FL 33594			12834 LONGCREST DRIVE RIVERVIEW, FL 33569				
FEI Number:	41-1959985	FEI Number Applied For()	FEI Nun	nber Not Appl	icable ()	Certificate of St	atus Desired ()
Name and	Address of C	urrent Registered Agent:		Name and	Address of I	New Registere	d Agent:
DELP, RANDY 3346 STONEBRIDGE TRAIL VALRICO, FL 33594 US				LEACH, DAVID 12834 LONGCREST DRIVE RIVERVIEW, FL 33569 US			
	named entity s e of Florida.	submits this statement for the po	urpose o	f changing it	ts registered o	office or register	red agent, or both,
SIGNATUF	RE: DAVID LE	EACH				02/16/20	005
	Electron	ic Signature of Registered Age	nt			Date	
Election Car	npaign Financing	Trust Fund Contribution ().					
OFFICERS	S AND DIREC	TORS:		ADDITION	S/CHANGES	TO OFFICERS	S AND DIRECTORS:
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	DELP, KEVIN 1356 WHITE O CHASKA, MN 5	5318 Delete IE OD WAY		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	LEACH, DAVID 12834 LONGO RIVERVIEW, F D (X ESKEW, WAY 1248 WILDWO	REST DRIVE FL 33569 () Change () Addit NE DOD WAY	
Title: Name: Address: City-St-Zip: Title: Name:	DELP, RANDY 3346 STONEBR VALRICO, FL 3			Title: Name: Address: City-St-Zip: Title: Name:	·) Change () Addit	
Address: City-St-Zip: Title: Name:	8176 MALLORY CHANHASSEN,			Address: City-St-Zip: Title: Name:	D (X ZUVERINK, JO	() Change ()Addit	ion
Name. Address: City-St-Zip: Title:	12834 LONGCF RIVERVIEW, FI			Address: City-St-Zip: Title:	12834 LONGC RIVERVIEW, F	REST DRIVE	ion
Name: Address: City-St-Zip:	``			Name: Address: City-St-Zip:	BROWN, JOH	N ER EDGE DRIVE	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE:	DAVID LEACH	D	02/16/2005
	Flacture is Circuit and Circuit and Office and Discrete		D-1-